



PTO/SB/21 (04-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | |
|------------------------|-------------------|
| Application Number | 09/747,824 |
| Filing Date | December 22, 2000 |
| First Named Inventor | Simons, John |
| Art Unit | 2124 |
| Examiner Name | Qamrun Nahar |
| Attorney Docket Number | 16869C-017000US |

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

| | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|------------------------------------|-----------------|
| Firm or Individual name | Townsend and Townsend and Crew LLP | Reg. No. 27,431 |
| Signature | Robert C. Colwell | |
| Date | October 29, 2004 | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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|-----------------------|---------------------|------|------------------|
| Typed or printed name | Margaret K. Stephan | Date | October 29, 2004 |
| Signature | Margaret K. Stephan | | |